

**United States Bankruptcy Court
Northern District of Illinois**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Hill, Shirley J		Name of Joint Debtor (Spouse) (Last, First, Middle):																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7313		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																					
Street Address of Debtor (No. & Street, City, State & Zip Code): 5409 W Congress Chicago, IL		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																					
		ZIPCODE 60644																					
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:																					
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):																					
		ZIPCODE																					
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE																					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other																					
		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).																					
		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 13 Nonmain Proceeding																					
		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box)		Chapter 11 Debtors																					
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																					
Statistical/Administrative Information																							
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																							
THIS SPACE IS FOR COURT USE ONLY																							
Estimated Number of Creditors <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000- 5,000</td> <td>5,001- 10,000</td> <td>10,001- 25,000</td> <td>25,001- 50,000</td> <td>50,001- 100,000</td> <td>Over 100,000</td> </tr> </table>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Estimated Assets <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Estimated Liabilities <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		
<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: right;">X /s/ Derek V Lofland 4/22/09</p> <p style="text-align: center;">Signature of Attorney for Debtor(s)</p>		
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p>		
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
<p style="text-align: center;">Information Regarding the Debtor - Venue</p> <p>(Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>		
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p>(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">(Name of landlord or lessor that obtained judgment)</p> <p style="text-align: center;">(Address of landlord or lessor)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hill, Shirley J**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Shirley J Hill

Signature of Debtor

Shirley J Hill**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 22, 2009

Date

Signature of Attorney***X /s/ Derek V Lofland**

Signature of Attorney for Debtor(s)

Derek V Lofland 6280490
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524
derek@chicagobk.com

April 22, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A *bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Address:

X _____

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Hill, Shirley J

Printed Name(s) of Debtor(s)

X /s/ Shirley J Hill

Signature of Debtor

4/22/2009

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Rental: 8141 S Honore, Chicago, IL (foreclosure)			160,000.00	229,220.00

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Checking account w /		500.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		1,000.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles		250.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Used Clothing		250.00
6. Wearing apparel.		Misc Costume Jewelry		75.00
7. Furs and jewelry.		Term life - no cash value		0.00
8. Firearms and sports, photographic, and other hobby equipment.				
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.				
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O T E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Possible 2008 tax refund		3,000.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		05 Chevy Equinox		8,750.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE Hill, Shirley J

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X			

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking account w /	735 ILCS 5 §12-1001(b)	500.00	500.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles	735 ILCS 5 §12-1001(a)	250.00	250.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	75.00	75.00
Possible 2008 tax refund	735 ILCS 5 §12-1001(b)	2,375.00	3,000.00
05 Chevy Equinox	735 ILCS 5 §12-1001(c)	2,400.00	8,750.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 154905939245 G M A C 15303 S 94th Ave Orland Park, IL 60462-3825		Installment account opened 12/04				9,443.00	693.00
VALUE \$ 8,750.00							
ACCOUNT NO. 23908650208 Taylor, Bean And Whitake 1417 N Magnolia Ave Ocala, FL 34475		Mortgage account opened 2/08. pending foreclosure: 09CH00680				229,220.00	69,220.00
VALUE \$ 160,000.00							
ACCOUNT NO. Pierce & Associates 1 N Dearborn St Ste 1300 Chicago, IL 60602-4331		Assignee or other notification for: Taylor, Bean And Whitake					
VALUE \$							
ACCOUNT NO.							
0 continuation sheets attached		Subtotal (Total of this page)	\$ 238,663.00	\$ 69,913.00			
		Total (Use only on last page)	\$ 238,663.00	\$ 69,913.00			

(Report also on
Summary of
Schedules.)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6035320225572260 Thd/cbsd Po Box 6497 Sioux Falls, SD 57117		Revolving account opened 7/07				212.00
ACCOUNT NO. 11447757 Un Coll Tol 5620 Southwyck Blvd Ste Toledo, OH 43614						340.00
ACCOUNT NO. Med1 Macneal Emergency Phys Llp		Assignee or other notification for: Un Coll Tol				
ACCOUNT NO. 12239534 United Collect Bur Inc 5620 Southwyck Blvd Ste Toledo, OH 43614		Open account opened 5/04				105.00
Subtotal (Total of this page)			\$	657.00		
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			\$			

1 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Macneal Emergency Phys Llp		Assignee or other notification for: United Collect Bur Inc			
ACCOUNT NO. 0101232325 Wash Mutual/providian Po Box 9180 Pleasanton, CA 94566		Revolving account opened 11/07			132.00
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 132.00	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 789.00	

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation See Schedule Attached		
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 4,660.50	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS	\$ _____
----------------------------	----------

a. Payroll taxes and Social Security	\$ 1,009.67	\$ _____
b. Insurance	\$ 110.50	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS**6. TOTAL NET MONTHLY TAKE HOME PAY**

7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

14. SUBTOTAL OF LINES 7 THROUGH 13**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 3,442.83
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	Home Care	
Name of Employer	Oak Leyden	
How long employed	4 years	
Address of Employer		
Occupation	Home Car	
Name of Employer	Seguin Oak Leyden	
How long employed	7 years	
Address of Employer		

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ **816.00**

- a. Are real estate taxes included? Yes No
- b. Is property insurance included? Yes No

2. Utilities:

- a. Electricity and heating fuel \$ **250.00**
- b. Water and sewer \$ **40.00**
- c. Telephone \$ **100.00**
- d. Other **Cable And Internet** \$ **100.00**

3. Home maintenance (repairs and upkeep) \$ **30.00**

4. Food \$ **450.00**

5. Clothing

6. Laundry and dry cleaning \$ **100.00**

7. Medical and dental expenses \$ **100.00**

8. Transportation (not including car payments) \$ **200.00**

9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ **50.00**

10. Charitable contributions \$ **200.00**

11. Insurance (not deducted from wages or included in home mortgage payments)

- a. Homeowner's or renter's \$
- b. Life \$
- c. Health \$
- d. Auto \$ **200.00**
- e. Other \$

12. Taxes (not deducted from wages or included in home mortgage payments)
(Specify) \$

13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)

- a. Auto \$ **620.00**
- b. Other \$

14. Alimony, maintenance, and support paid to others \$

15. Payments for support of additional dependents not living at your home \$

16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$

17. Other **Personal Care & Grooming** \$ **120.00**
Auto Repairs \$ **30.00**

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **3,526.00**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

- a. Average monthly income from Line 15 of Schedule I \$ **3,540.33**
- b. Average monthly expenses from Line 18 above \$ **3,526.00**
- c. Monthly net income (a. minus b.) \$ **14.33**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: April 22, 2009

Signature: /s/ Shirley J Hill
Shirley J Hill

Debtor

Date: _____

Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Hill, Shirley J

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
4,600.00	2008 Income from employment (monthly)
53,211.00	2007 Income from employment
50,000.00	2006 Income from employment

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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G M A C**15303 S 94th Ave****Orland Park, IL 60462-3825**

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT**AND CASE NUMBER****Taylor, Bean, Whitaker Mortgage vs. Shirley Hill; 09CH00680****NATURE OF PROCEEDING****COURT OR AGENCY****AND LOCATION****Cook County Circuit Court****STATUS OR****DISPOSITION****Pending**

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE
Gleason & Gleason
77 W Washington, Ste 1218

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR
10/04/2008

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
351.00

Chicago, IL 60602

10. Other transfers

- None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
5321 W Crystal Chicago IL	Same	til 3/08
403 W Lathrop Forest Park IL	Same	til 2/06

16. Spouses and Former Spouses

- None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: April 22, 2009

Signature /s/ Shirley J Hill

of Debtor

Shirley J Hill

Date: _____

Signature _____

of Joint Debtor

(if any)

_____ 0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Hill, Shirley J

Debtor(s)

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 160,000.00		
B - Personal Property	Yes	3	\$ 13,875.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 238,663.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		\$ 789.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,540.33
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,526.00
TOTAL		14	\$ 173,875.00	\$ 239,452.00	

IN RE:

Case No. _____

Hill, Shirley J

Chapter 7 _____

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,540.33
Average Expenses (from Schedule J, Line 18)	\$ 3,526.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 4,660.50

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 69,913.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 789.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 70,702.00

IN RE:

Hill, Shirley J

Debtor(s)

Case No. _____

Chapter 7 _____

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Shirley J Hill

Date: April 22, 2009

IN RE:

Hill, Shirley J

Debtor(s)

Case No. _____

Chapter 7 _____

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: G M A C	Describe Property Securing Debt: 05 Chevy Equinox
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (<i>check one</i>): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name: Taylor, Bean And Whitake	Describe Property Securing Debt: Rental: 8141 S Honore, Chicago, IL
Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

_____ continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: April 22, 2009

/s/ Shirley J Hill

Signature of Debtor

Signature of Joint Debtor

IN RE:

Hill, Shirley J

Debtor(s)

Case No. _____

Chapter 7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 7

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: April 22, 2009

/s/ Shirley J Hill

Debtor

Joint Debtor

Hill, Shirley J
5409 W Congress
Chicago, IL 60644

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

G M A C
15303 S 94th Ave
Orland Park, IL 60462-3825

Pierce & Associates
1 N Dearborn St Ste 1300
Chicago, IL 60602-4331

Taylor, Bean And Whitake
1417 N Magnolia Ave
Ocala, FL 34475

Thd/cbsd
Po Box 6497
Sioux Falls, SD 57117

Un Coll Tol
5620 Southwyck Blvd Ste
Toledo, OH 43614

United Collect Bur Inc
5620 Southwyck Blvd Ste
Toledo, OH 43614

Wash Mutual/providian
Po Box 9180
Pleasanton, CA 94566

3410 - SHIRLEY HILL

Earnings	Cur hrs	Cur amt	Ytd hrs	Ytd amt	Taxes/Deds	10/03/2008	Cur amt	42783-0000	Ytd amt
PTO Taken		90.00		1,012.50	FWT		122.20		1,833.74
MISC EARNI				135.04	Soc Sec		62.91		1,281.21
Reg Earn	80.00	900.00	1,486.0	16,717.50	Medicare		14.72		299.64
Overtime	9.50	160.31	195.50	3,299.08	IL State		25.83		527.64
Bereavemen			24.00	270.00	Medical		45.62		769.48
PTO Bal	10.77		309.86						
ELB Bal	1.54		119.84						

Earnings..:	1,060.31	21,434.12
Less tax..:	225.66	3,942.23
Less ded..:	45.62	769.48
Net pay...:	789.03	16,722.41

Amount	Dep/Pay	Account	Message
789.03	Chk	Dep	1875031363

Oak Leyden Developmental Services, Inc.
 411 Chicago Avenue
 Oak Park, Illinois 60302
 (708) 524-1050

42783

*** * * * * NON-NEGOTIABLE * * * * * NON-NEGOTIABLE * * * * *
 ** Seven Hundred Eighty Nine Dollars and 03 Cents **

10/03/2008 *****789.03

SHIRLEY HILL
 5321 W. CRYSTAL
 CHICAGO IL 60651

3410 - SHIRLEY HILL

Earnings	Cur hrs	Cur amt	Ytd hrs	Ytd amt	Taxes/Deds	09/19/2008 Cur amt	42644-0000 Ytd amt
PTO Taken		90.00		1,012.50	FWT	152.58	1,711.54
MISC EARNI				135.04	Soc Sec	75.47	1,218.30
Reg Earn	80.00	900.00	1,406.0	15,817.50	Medicare	17.64	284.92
Overtime	21.50	362.81	186.00	3,138.77	IL State	31.90	501.81
Bereavemen			24.00	270.00	Medical	45.62	723.86
PTO Bal	10.77		299.09				
ELB Bal	1.54		118.30				

Earnings..:	1,262.81	20,373.81
Less tax..:	277.59	3,716.57
Less ded..:	45.62	723.86
Net pay..:	939.60	15,933.38

Amount	Dep/Pay	Account	Message
939.60	Chk	Dep	1875031363

Oak Leyden Developmental Services, Inc.
 411 Chicago Avenue
 Oak Park, Illinois 60302
 (708) 524-1050

42644

*** * * * * NON-NEGOTIABLE * * * * * NON-NEGOTIABLE * * * * *

** Nine Hundred Thirty Nine Dollars and 60 Cents **

09/19/2008 *****939.60

SHIRLEY HILL
 5321 W. CRYSTAL
 CHICAGO IL 60651

Shirley Hill 5409 W. Congress Chicago, IL 60644	Emp No Location Division Department Staff Catrgy DHS Cost Lin	002170 7740 ADULT CILA HABAID 501	FIT SIT res SIT work	S 0 S 3 S 3	Advice No Advice Date Period End Paygroup Job	65447 9/17/2008 9/6/2008 BSTMRL NGTSPC
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COMPANY MESSAGE

EARNINGS				DEDUCTIONS			TAXES		
Pay Type	Hours	Current	YTD	Deduction	Current	YTD	Tax Code	Current	YTD
Bereavement			430.00				Federal Income	132.75	1,452.85
Double Time	10.00	215.00	1,708.00		6.12	110.16	Employee Medica	15.73	255.81
Floating Holiday			172.00				Social Security	67.27	1,136.61
General Leave			806.25				IL State Income	25.63	418.45
Holiday	8.00	86.00	678.00						
Hourly Earnings	72.00	774.00	14,230.82						
Overtime	1.00		16.12	249.54					
Referral				150.00					
Shift Differ'l			18.00						

EMPLOYEE ACCRUALS				NET PAY DISTRIBUTION			
	Ext. Illness Floating Holiday Gen'l Leave	6.15	336.00 16.00 180.96	1875031363	C	843.62	

GROSS	TAXES	DEDS	NET PAY
CURRENT	241.38	6.12	843.62
YTD	3,273.82	110.16	15,058.63

STATEMENT OF EARNINGS - DETACH ALONG THIS PERFORATION AND RETAIN FOR YOUR RECORDS

Seguin Services
 3100 S. Central Avenue
 Cicero, IL 60804-3987

Advice No 65447
 Date 9/17/2008

PAY
 Eight Hundred Forty-Three and 62/100 ****
 \$843.62

TO THE Shirley Hill
 ORDER 5409 W. Congress
 OF Chicago, IL 60644

NON-NEGOTIABLE

NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

Shirley Hill
 5409 W. Congress
 Chicago, IL 60644

Emp No	002170	FIT	S 0	Advice No	65796
Location	7740	SIT res	S 3	Advice Date	10/1/2008
Division	ADULT	SIT work	S 3	Period End	9/20/2008
Department	CILA			Paygroup	BSTHRL
Staff Ctgry	HABAID			Job	NGTSPC
DHS Cost Lin	501				

COMPANY MESSAGE

EARNINGS				DEDUCTIONS			TAXES																																
Pay Type	Hours	Current	YTD	Deduction	Current	YTD	Tax Code	Current	YTD																														
Bereavement			430.00	Dental Tradition	6.12	116.28	Federal Income	108.97	1,561.92																														
Double Time			1,708.00				Employee Medica	13.43	279.24																														
Floating Holiday			172.00				Social Security	57.44	1,194.05																														
General Leave	10.00	107.50	913.75				IL State Income	20.87	439.32																														
Holiday			678.00																																				
Hourly Earnings	75.25	808.94	15,039.76																																				
Overtime	1.00	16.12	265.66																																				
Referral			150.00																																				
Shift Differ*			16.00																																				
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EMPLOYEE ACCRUALS																																							
<table border="1"> <tr> <td>Ext. Illness</td> <td>336.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Floating Holiday</td> <td>16.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gen'l Leave</td> <td>6.15</td> <td>177.11</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Ext. Illness	336.00									Floating Holiday	16.00									Gen'l Leave	6.15	177.11							
Ext. Illness	336.00																																						
Floating Holiday	16.00																																						
Gen'l Leave	6.15	177.11																																					
<hr/>																																							
GROSS				TAXES	DEDS	NET PAY	NET PAY DISTRIBUTION																																
CURRENT	932.56	200.71	6.12		725.73		1875031363	C	725.73																														
YTD	19,375.17	3,474.53	116.28		15,784.36		Total Net Pay		725.73																														

STATEMENT OF EARNINGS - DETACH ALONG THIS PERFORATION AND RETAIN FOR YOUR RECORDS

Seguin Services
 3100 S. Central Avenue
 Cicero, IL 60804-3987

Advice No 65796
 Date 10/1/2008

PAY
 Seven Hundred Twenty-Five and 73/100 ****
 \$725.73

TO THE Shirley Hill
 ORDER 5409 W. Congress
 OF Chicago, IL 60644

NON-NEGOTIABLE

NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

1040 U.S. Individual Income Tax Return 2007 (99) IRS Use Only - Do not write or staple in this space		Label			
Department of the Treasury - Internal Revenue Service		(See irs.gov)			
Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code Your Social Security number 353-60-7313 Spouse's Social Security no. You must enter Chicago IL 60644- 5409 W CONGRESS Use the IRS label H Otherwise, Please print or type.		For the year Jan 1-Dec 31, 2007, or other tax year beginning 2007, ending 2007 OMB No. 1545-0074			
Presidential Election Campaign □ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) One box Single Head of household (with qualifying person) <input checked="" type="checkbox"/> 4 Married filing jointly (even if only one had income) <input type="checkbox"/> If the qualifying person is a child but not your dependent, enter this child's name here <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) Box checked on 6a and 6b Spouse b Yourself, If someone can claim you as a dependent, do not check box 6a c Dependents: (1) First name MALIK MADKINS If more than four dependents, see details. d Total number of dependents claimed on lines above <input type="checkbox"/>		7 Wages, salaries, tips, etc. Attach Form(s) W-2 b Tax-exempt interest Attach Schedule B if required g Ordinary dividends Attach Schedule B if required 9a W-2 and 1099-R if tax was withheld. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) Business income or (loss) <input type="checkbox"/> Attach Schedule C or C-EZ 11 Alimony received 12 Business income or (loss) <input type="checkbox"/> Attach Schedule C or C-EZ 13 Capital gain or (loss) <input type="checkbox"/> Attach Schedule D if required, if not required, check here <input type="checkbox"/> 14 Other gains or (losses) <input type="checkbox"/> Attach Form 4797 15a IRA distributions <input type="checkbox"/> b Taxable amount (see inst.) 15b Pensions and annuities <input type="checkbox"/> b Taxable amount (see inst.) 16b 723 17 Rental real estate, royalties, partnerships, corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss), <input type="checkbox"/> Attach Schedule F 19 Unemployment compensation <input type="checkbox"/> b Taxable amount (see inst.) 20a Social security benefits <input type="checkbox"/> b Taxable amount (see inst.) 20b Other benefits <input type="checkbox"/> b Taxable amount (see inst.) 21 Endorse, but do not attach, any payment, also please use Form 1040-V. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► 22 56,180. 23 Educator expenses (see instructions) 24 Certain business expenses of self-employed professionals, performing artists, and fee-basis gov't officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 One-half of self-employed SE, SIMPLE and qualified plans 28 Self-employed SEP, SIMPLE and qualified plans 29 Self-employed health insurance deduction (see instructions) 30 Penalty on early withdrawal of savings 31a Alimony paid by recipient SSN ► 30 32 IRA deduction (see instructions) 33 Student loan interest deduction (see instructions) 34 Tuition and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Subtract line 36 from line 22. This is your adjusted gross income 37		Gross Income Adjusted Gross Income Line Item 37 Subtract line 36 from line 22. This is your adjusted gross income 36 Add lines 23 through 31 and 22 through 35	

Tax and Credits**Standard Deduction for -**

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.
- All others: Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38 Amount from line 37 (adjusted gross income) 38 56,180.

39a Check You were born before Jan. 2, 1943, Blind. Total boxes if: Spouse was born before Jan. 2, 1943, Blind. checked ► 39a b If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here ► 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 11,256.

41 Subtract line 40 from line 38 41 44,924.

42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in the instructions 42 6,800.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 38,124.

44 Tax (see instr.). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889 44 5,159.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 5,159.

47 Credit for child and dependent care exp. Attach Form 2441. 47 600.

48 Credit for the elderly or the disabled. Attach Schedule R 48

49 Education credits. Attach Form 8863 49

50 Residential energy credits. Attach Form 5695 50

51 Foreign tax credit. Attach Form 1116 if required 51

52 Child tax credit (see inst.). Attach Form 8901 if required 52 1,000.

53 Retirement savings contributions credit. Attach Form 8880 53

54 Credits from: a Form 8399 b Form 8859 c Form 8839 5455 Other credits: a Form 8800 b Form 8801 c Form 55

56 Add lines 47 through 55. These are your total credits 56 1,600.

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ► 57 3,559.

58 Self-employment tax. Attach Schedule SE 58

59 Unreported social security and Medicare tax from: a Form 4137 b Form 8919 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO 60 72.

61 Advance earned income credit payments from Form(s) W-2, box 9 61

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57 through 62. This is your total tax 63 3,631.

FORM 1099

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 3,739.

65 2007 estimated tax pymts and amt applied from 2006 return 65

66 a Earned income credit (EIC) 66a NO

b Nontaxable combat pay election ► 66b

67 Excess social security and tier 1 RRTA tax withheld (see inst) 67

68 Additional child tax credit. Attach Form 8812 68

69 Amount paid with request for extension to file (see inst) 69

70 Payments from: a Form 2439 b Form 4136 c Form 8885 70

71 Refundable credit for prior year minimum tax from Form 8801, line 27 71

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72 3,739.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 108.

74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► b Routing number XXXXXXXXXXXXXXXXXXXX ► c Type: Checking Savings

d Account number XXXXXXXXXXXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2008 estimated tax ► 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ► 76

77 Estimated tax penalty (see instructions) 77

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following No
Designee's name ► ANOINTING ONE TAX SERVICE 708-660-9870 Personal identification number (PIN) ► 00001**Sign Here**

Joint return? See instr.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation CARE GIVER Daytime phone number 773-909-1421

Spouse's signature. If a joint return, both must sign Date Spouse's occupation

Paid Preparer's Use OnlyPreparer's signature Date Check if self-employed Preparer's SSN or PTIN P00001492

Firm's name (or yours if self-employed, address, and ZIP code) ► ANOINTING ONE TAX SERVICE EIN 03-0596078

745 GARFIELD Phone no. 708-660-9870

Oak Park IL 60304

Form
1040Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return 2007 (99) IRS Use Only-Do not write or staple in this space.

Label	For the year Jan. 1-Dec. 31, 2007, or other tax year beginning	.2007, ending	20	OMB No. 1545-0074
(See instructions)	Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code	Your social security number 355-66- 713		
Use the IRS label. Otherwise, please print or type.	SHIRLEY J HILL 5409 W CONGRESS Chicago IL 60644-	Spouse's social security no. You must enter your SSN(s) above. ▲ Checking a box below will not change your tax or refund.		

Presidential

Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ► You Spouse

Filing Status	1 <input type="checkbox"/> Single	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
Check only one box.	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ►		

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on		
If more than four dependents, see instr.	b <input type="checkbox"/> Spouse	6a and 6b	1	
c Dependents:	(1) First name Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if qualifying child for child tax credit (see instr.)
	MALIK MADKINS	255-55-5555	NEPHEW	<input checked="" type="checkbox"/>
				• lived with you
				• did not live with you due to divorce or separation (see instr.)
				Dependents on 6c not entered above
d Total number of exemptions claimed				Add numbers on lines above ► 2

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 55,184.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a 273.
If you did not get a W-2, see instructions.	b Tax-exempt interest. Do not include on line 8a	9a
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	9a Ordinary dividends. Attach Schedule B if required	10
	b Qualified dividends (see instructions)	11
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	12
	11 Alimony received	13
	12 Business income or (loss). Attach Schedule C or C-EZ	14
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	15b
	14 Other gains or (losses). Attach Form 4797	16b 723.
	15a IRA distributions 15a b Taxable amount (see inst.)	17
	16a Pensions and annuities 16a b Taxable amount (see inst.)	18
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	19
	18 Farm income or (loss). Attach Schedule F	20b
	19 Unemployment compensation	21
	20a Social security benefits 20a b Taxable amount (see inst.)	22 56,180.
	21 Other income. List type and amount (see instr.)	
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	

Adjusted Gross Income	23 Educator expenses (see instructions)	23
	24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24
	25 Health savings account deduction. Attach Form 8889	25
	26 Moving expenses. Attach Form 3903	26
	27 One-half of self-employment tax. Attach Schedule SE	27
	28 Self-employed SEP, SIMPLE, and qualified plans	28
	29 Self-employed health insurance deduction (see instr.)	29
	30 Penalty on early withdrawal of savings	30
	31a Alimony paid b Recipient's SSN ►	31a
	32 IRA deduction (see instructions)	32
	33 Student loan interest deduction (see instructions)	33
	34 Tuition and fees deduction. Attach Form 8917	34
	35 Domestic production activities deduction. Attach Form 8903	35
	36 Add lines 23 through 31a and 32 through 35	36
	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37 56,180.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

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US1040S1 Rev. 1

Form **1040** (2007)

Tax and C-credits	39a Check <input type="checkbox"/> You were born before Jan. 2, 1942 if: Spouse was born before Jan. 2, 1942	39b If your spouse itemizes on a separate return or see instructions and check here	39c If itemized deductions (from Schedule A) or your state tax deduction is less than the amount on line 41, subtract line 41 from line 38.	39d If line 38 is \$117,300 or less, multiply \$3,400 by the amount on line 5d. If line 38 is over \$117,300, see the worksheet on page 2.	39e Taxable income. Subtract line 42 from line 41. If line 41 is over \$117,300, see the worksheet on page 2.	39f Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	39g Alternative minimum tax (see instructions). Attach Form 1040, line 2.	39h Add lines 44 and 45	39i Credit for child and dependent care exp. Attach Form 2500.	39j Credit for the elderly or the disabled. Attach Schedule A.	39k Education credits. Attach Form 8863	39l Residential energy credits. Attach Form 5895	39m Foreign tax credit. Attach Form 1116 if required.	39n Child tax credit (see inst.). Attach Form 8901 if required.	39o Retirement savings contributions credit. Attach Form 8605.	39p Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8829 c <input type="checkbox"/> Form 8859	39q Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form 8859	39r Add lines 47 through 55. These are your total credits.	39s Subtract line 56 from line 43. If line 56 is more than line 43, enter -	39t Self-employment tax. Attach Schedule SE	39u Unreported social security and Medicare tax from Form 1040	39v Additional tax on IRAs, other qualified retirement plans, and annuities	39w Advance earned income credit payments from Form 1040	39x Household employment taxes. Attach Schedule SE	39y Add lines 57 through 62. This is your total tax	39z Federal income tax withheld from Forms W-2 and 1099	39aa 2007 estimated tax pymts and amt applied from Form 1040	39ab a Earned income credit (EIC) Nonrefundable credit by election b <input type="checkbox"/> 66b	39ac Excess social security and tier 1 RRTA tax withheld	39ad Additional child tax credit. Attach Form 8812	39ae Amount paid with request for extension to file (see page 2)	39af Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8812	39ag Refundable credit for prior year minimum tax from Form 8801, line 1	39ah Add lines 64, 65, 66a, and 67 through 71. This is your refund	39ai If line 72 is more than line 63, subtract line 63 from line 72	39aj Amount of line 73 you want refunded to you: Routing # <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX Acct. # <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX Acct. number <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX	39ak Amount of line 73 you want applied to your 2008 estimated tax: Routing # <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX Acct. # <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX Acct. number <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX	39al If line 72 is more than line 63, subtract line 63 from line 72	39am Do you want to allow another person to discuss this return with you? Designee's name: ANointing One Tax Service Under penalties of perjury, I declare that I have examined this return and acted in it based upon my knowledge, belief, and understanding that they are true, correct, and complete. Declaration of preparer (other than filer) if different from above. Your signature _____ Date _____	39an Daytime phone number 773-909-1422
Other Taxes	39an Daytime phone number 773-909-1422																																							
Payments	39an Daytime phone number 773-909-1422																																							
If you have a qualifying child, attach Schedule EIC	39an Daytime phone number 773-909-1422																																							
Refund	39an Daytime phone number 773-909-1422																																							
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.	39an Daytime phone number 773-909-1422																																							
Amount You Owe	39an Daytime phone number 773-909-1422																																							
Third Party Designee	39an Daytime phone number 773-909-1422																																							
Sign Here Joint return? See instr. Keep a copy of your records.	39an Daytime phone number 773-909-1422																																							
Paid Preparer's Fee Only	39an Daytime phone number 773-909-1422																																							
Preparer's signature	39an Daytime phone number 773-909-1422																																							
Firm's name (or your name if self-employed), address and telephone	39an Daytime phone number 773-909-1422																																							
ANointing One Tax Service 745 GARFIELD OAK PARK IL 60304																																								
3CA Copyright from software only. 2007 Universal Tax Systems, Inc. All rights reserved.	39an Daytime phone number 773-909-1422																																							
Preparer's SSN or PTIN P00001492																																								
Signature _____ Date _____																																								
See the following certification No. <input type="checkbox"/> 00001																																								

ime phone number
73-909-1414
arer's SSN or PTIN
0001492
78
6-660-9870

3410 - SHIRLEY HILL									
Earnings	Cur hrs	Cur amt	Ytd hrs	Ytd amt	Taxes/Deds	Cur amt	Ytd amt	10/03/2008 42783-0000	
PTO Taken		90.00	1,012.50	FWT		122.20	1,833.74		
MISC EARNI			135.04	Soc Sec	62.91	1,281.21			
Reg Earn	80.00	900.00	1,486.0	16,717.50	Medicare	14.72	299.64		
Overtime	9.50	160.31	195.50	3,299.98	IL State	25.83	527.64		
Bereavemen			24.00	270.00	Medical	45.62	769.48		
PTO Bal	10.77		309.86						
ELB Bal		1.54	119.84						

Earnings..	1,060.31	21,434.12
Less tax..	225.66	3,942.23
Less ded..	45.62	769.48
Net pay..	789.03	16,722.41

Amount	Dep/Pay	Account	Message
789.03	Chk	Dep	1875031363

Dak Leyden Developmental Services, Inc.

111 Chicago Avenue
Dak Park, Illinois 60302
708) 524-1050

42783

*** * * * * NON-NEGOTIABLE * * * * * NON-NEGOTIABLE * * * * *

** Seven Hundred Eighty Nine Dollars and 03 Cents **

10/03/2008 *****789.03

SHIRLEY HILL
5321 W. CRYSTAL
CHICAGO IL 60651

			09/19/2008			42644-0000		
Earnings	Cur hrs	Cur amt	Ytd hrs	Ytd amt	Taxes/Deds	Cur amt	Ytd amt	
PTO Taken		90.00		1,012.50	FWT	152.58	1,711.54	
MISC EARNI				135.04	Soc Sec	75.47	1,218.30	
Reg Earn	80.00	900.00	1,406.0	15,317.50	Medicare	17.64	284.92	
Overtime	21.50	362.81	186.00	3,193.77	IL State	31.90	501.81	
Bereavemen			24.00	270.00	Medical	45.62	723.86	
PTO Bal	10.77	299.09						
ELB Bal	1.54	118.30						

Earnings..:	1,262.81	20,373.81
Less tax..:	277.59	3,716.57
Less ded..:	45.62	723.86
Net pay...:	939.60	15,933.38

Amount	Dep/Pay	Account	Message
939.60	Chk Dep	1875031363	

Dak Leyden Developmental Services, Inc.
 111 Chicago Avenue
 Dak Park, Illinois 60302
 708) 524-1050

42644

*** * * * * NON-NEGOTIABLE * * * * * NON-NEGOTIABLE * * * * *

** Nine Hundred Thirty Nine Dollars and No Cents **

09/19/2008 *****939.60

SHIRLEY HILL
 5321 W. CRYSTAL
 CHICAGO IL 60651

Shirley Hill
5409 W. Congress
Chicago, IL 60644

Seguin Services
3100 S. Central Avenue
Cicero, IL 60804-3987

Emp No	002170	FIT	\$ 0	Advice No	85447
Location	7740	SIT res	\$ 3	Advice Date	9/17/2008
Division	ADULT	SIT work	\$ 3	Period End	9/6/2008
Department	CILA			Paygroup	BSTHRL
Staff Categry	HATAID			Job	NGTSPC
DHS Cost Lin	501				

COMPANY MESS AGE

EARNINGS				DEDUCTIONS			TAXES		
Pay Type	Hours	Current	YTD	Deduction	Current	YTD	Tax Code	Current	YTD
Bereavement			430.00				Federal Income	132.75	1,452.65
Double Time			1,708.00				Employee Medical	15.73	265.81
Floating Holidays	10.00	215.00		172.00			Social Security	67.27	1,136.61
Gen Leave				806.25			IL State Income	25.63	418.45
Holiday				678.00					
Hourly Earnings	8.00	98.00		72.00	774.00	14,230.82			
Overtime				249.54					
Referral	1.00	16.12		150.00					
Shift Differ.				18.00					

EMPLOYEE ACCRUALS				NET PAY DISTRIBUTION			
Ext. Illness		336.00		1675421353		C	843.62
Floating Holidays							
Gen Leave		6.15		16.00			
				180.96			

GROSS	TAXES	DEDS	NET PAY
CURRENT	1,091.12	241.38	843.62
YTD	18,442.61	3,273.82	15,058.63

STATEMENT OF EARNINGS - DETACH ALONG THIS PERFORATION AND RETAIN FOR YOUR RECORDS

Seguin Services
3100 S. Central Avenue
Cicero, IL 60804-3987

Advice No 65447
Date 9/17/2008

PAY
Eight Hundred Forty-Three and 62/100 ****.....

\$843.62

TO THE Shirley Hill
ORDER 5409 W. Congress
OF Chicago, IL 60644

NON-NEGOTIABLE

NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

Sequin Services
3100 S. Central Avenue
Cicero, IL 60804-3987

Shirley Hill
5409 W. Congress
Chicago, IL 60644

Emp No	002100	FIT	S	C	Advice No	65796
Location	7740	SIT res	S	3	Advice Date	10/1/2008
Division	AD-VLT	SIT work	S	2	Period End	8/20/2008
Department	CHLA				Paygroup	BSTHRL
Staff Categy	HARMID				Job	NGTSPC
DHS Cost Lin	50%					

COMPANY MESSAGE

EARNINGS

Pay Type	Hours	Current	YTD	DEDUCTIONS		TAXES			
				Deduction	Current	YTD	Tax Code	Current	YTD
Bereavement									
Double Time		430.00							
Floating Holidays		1,708.00							
General Leave		172.00							
Holiday	10.00	107.50	913.75						
Hourly Earnings			678.00						
Overtime	75.25	808.94	15,039.76						
Referral	1.00	808.94	15.12	255.66					
Shift Differ.				150.00					
				16.00					

EMPLOYEE ACCRUALS

Ext. Illness	339.00	18.00	10-HR	C	725.73
Floating Holidays	15.00				
Cert. Leave	8.15	177.15			

NET PAY DISTRIBUTION

GROSS	TAXES	DEDS	NET PAY
CURRENT	932.56	200.71	6.12
YTD	19,375.17	3,474.53	116.28

STATEMENT OF EARNINGS - DETACH ALONG THIS PERFORATION AND RETAIN FOR YOUR RECORDS

15,784.36 T 725.73 Pay

725.73

Sequin Services
3100 S. Central Avenue
Cicero, IL 60804-3987

Advice No 65796
Date 10/1/2008

PAY
Seven Hundred Twenty-Five and 73/100 ***

\$725.73

TO THE Shirley Hill
ORDER 5409 W. Congress
OF Chicago, IL 60644

NON-NEGOTIABLE

NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Hill, Shirley J

Debtor(s)

Case No. _____

Chapter 7 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 676.00
Prior to the filing of this statement I have received	\$ 351.00
Balance Due	\$ 325.00

2. The source of the compensation paid to me was: Debtor Other (specify): _____
3. The source of compensation to be paid to me is: Debtor Other (specify): _____
4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation / Adversary Proceedings
\$400.00 for Motions to Redeem
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 22, 2009

Date

/s/ Derek V Lofland

Derek V Lofland 6280490
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524
derek@chicagobk.com

Certificate Number: 00437-ILN-CC-005614049**CERTIFICATE OF COUNSELING**

I CERTIFY that on December 10, 2008, at 10:57 o'clock AM MST,

Shirley J Hill received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: December 10, 2008

By /s/Genie Loghy

Name Genie Loghy

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Hill, Shirley J

Case No. _____

Chapter 7 _____

Debtor(s)

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: October 25, 2008

I(We) Shirley J Hill and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Shirley J Hill
(Debtor or Corporate Officer, Partner or Member)

Signature: _____
(Joint Debtor)